

**STATE OF VERMONT**  
**AGENCY OF NATURAL RESOURCES**  
**DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**DRINKING WATER & GROUNDWATER PROTECTION DIVISION**  
**10 V.S.A. Chapter 47 Permit Application Form WR-82**

<b>Application For:</b> (Check <input type="checkbox"/> one) <input type="checkbox"/> Indirect Discharge Permit	<b>with Schedule:</b> I Special Form	<b>Action Requested:</b> (Check <input type="checkbox"/> one) <input type="checkbox"/> Original Permit <input type="checkbox"/> Renewal * <input type="checkbox"/> Amendment * <input type="checkbox"/> Transfer * * Permit #
<b>Status of Discharge:</b> (Check <input type="checkbox"/> one) <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	<b>Nature of Waste:</b> (Check <input type="checkbox"/> one) <input type="checkbox"/> Sanitary (domestic sewage only) <input type="checkbox"/> Non-Sewage/Industrial <input type="checkbox"/> Stormwater (surface or subsurface disposal)	
For DEC Use: PIN _____ Reviewer: _____ Check #: _____ Title 3: Y N		

1.   Applicant:   
       Legal Entity:   
                             (Individual, corporation, partnership, firm, state agency, municipality, etc.)
  
2.   Mailing Address:
  
3.   Contact   
   Telephone:  Fax:   
       E-Mail Address:
  
4.   Name of Activity:   
                             (John Doe residence, SYZ Corp., Clark Lake State Park, Green Motel, etc.)
  
5.   Type of Activity:   
                             (Residential subdivision, paper mill, state park, motel, etc.)
  
6.   Description of Waste:
  
7.   Name of Landowner:
  
8.   Location:  Town:
  
9.   If this application is for a permit renewal, is the previous application still valid in all respects? ☐ Yes  
       ☐ No   If no, document changes on a separate attachment. (Note: appropriate Schedule must be completed regardless if changes have occurred.)

(OVER)

10. Receiving Water for Indirect Discharges: 11. 3 V.S.A. Section 2822 Fees: Call 802-585-4911 for assistance calculating the application review fee.

<b>\$240.00 Administrative Processing Fee</b>		
<b>Plus Application Review Fee</b>		Does not apply to renewal applications
<b>Total Fee Enclosed</b>	<b>\$0.00</b>	Payment by check or money order, please

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUBMITTED ABOVE IS TRUE, ACCURATE AND COMPLETE. I RECOGNIZE THAT BY SIGNING THIS APPLICATION I AM GIVING CONSENT TO EMPLOYEES OF THE STATE TO ENTER THE SUBJECT PROPERTY FOR THE PURPOSE OF PROCESSING THIS APPLICATION.

NAME AND TITLE OF APPLICANT OR LEGALLY AUTHORIZED REPRESENTATIVE (please print)

SIGNATURE

DATE

NAME AND TITLE OF CO-APPLICANT OR LEGALLY AUTHORIZED REPRESENTATIVE (please print)

SIGNATURE

DATE

This application must be signed by the applicant or an officer in the applicant's business, a municipal official, etc. The application CANNOT be signed by the applicant's attorney, engineer, contractor, etc.

☐ **Submittal of Application:** Attach appropriate schedules, administrative processing and application review fees, plans, specifications and other supporting material. Send application to:

**Vermont Department of Environmental Conservation  
Drinking Water & Groundwater Protection Division  
1 National Life Drive, Main 2  
Montpelier VT 05620-3521**